

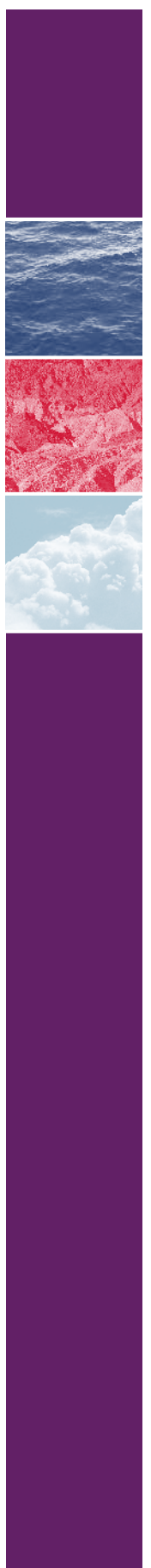


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Foreword



The Department of Defence considers the mental health and wellbeing of its people as a high priority. For many years we have conducted significant research on the complex issues of military mental health. This research has underpinned the development of ways to support our people in the workplace and at home; both military and APS; before, during and after deployments; and in their transitions between Defence and civilian life.

There is always more that can be done to understand the needs of our people. The recent release of the *Defence Mental Health and Wellbeing Strategy 2018-2023* incorporates the latest mental health research and implements a whole-of-organisation 'One Defence' approach that recognises the needs of our integrated workforce.

I am pleased to see the ADF's flagship Journal feature articles dealing with mental health.

They offer to raise awareness and create the opportunity to continue the conversation about critical issues. These are not easy subjects to deal with and they are not unique to Defence. As the Chief of the Defence Force, Air Chief Marshal Mark Binskin, AC said in this *Journal* in November 2015, '[t]here is no shame in seeking help and until we, as a community, change our thinking to accept and acknowledge that, even the best mental health treatment programs in the world will fail because this is an issue for our nation, not just those we rely on to protect us'. We all need to play a role in eradicating the stigma around mental illness. We need to work together to encourage each other to get the help needed regardless

of the origin of an illness or injury.

The Joint Health Command's ADF Health and Wellbeing Portal 'Fighting Fit' and the Work Health Safety Mental Health Portal support access to the services available to all current Defence personnel and their families, and ex-serving ADF Members. The portals also provide targeted resources for specific personnel and situations, including Commanders and managers, Reservists, ADF members preparing for deployment, veterans, and health professionals. Dr Brendan Nelson's featured speech forms a part of these initiatives as the inaugural presentation in the *Defence Mental Health Speaker Series*. His is an intensely personal narrative demonstrating that struggles with mental health do not discriminate for age, gender, or occupation. His advice for those serving in, or supporting, our Profession of Arms is a reflection of the aim of Defence to encourage our people to look out for each other, to reduce barriers to treatment, and to increase understanding, compassion and support for those affected.

I trust these articles will contribute to ongoing debate, discussion and research on mental health and wellbeing in the ADF.

Air Vice-Marshal Tracy Smart, AM
Commander Joint Health, Surgeon General
Australian Defence Force





Chair's comments



Welcome to Issue No. 203 of the *Australian Defence Force Journal*.

This issue comprises a pleasing range of quality contributions, including letters to the editor, two articles on the theme of mental health, the keynote speeches from the RAN's Sea Power Conference held in Sydney in early October, a range of general articles, a commentary piece, a number of book reviews and an obituary.

The Board has selected the article by Lieutenant Colonel Leon Young, titled 'The Conservative Colonel: how being creative killed your career in the ADF', as the best article in this issue. He will receive a certificate signed personally by the Chief of the Defence Force and the Secretary of the Department of Defence. The Board also 'highly commended' the article by Major David Cave on Operation COMPASS, who will receive a similar certificate.

We intend to continue with a themed section in each issue, and have listed the topics for future issues at the end of this issue, noting that the March/April 2018 theme will be 'Air Power in the 21st century'. Contributions on that and the normal range of general topics are sought by mid-January, which can be in the form of commentary/opinion pieces of 1000-2000 words or more standard articles around 4000 words.

Also, a reminder that if you are interested in becoming a book reviewer, please send your details to editoradffjournal@internode.on.net to be placed on the circulation list of books provided by publishers both in Australia and overseas.

This edition represents my last as the Chair of the Journal. It has been my pleasure to serve in this role and it is with satisfaction that I hand over a reinvigorated Journal with a renewed focus on the Profession of Arms. In particular, it is pleasing to see that we are drawing more submissions from the junior ranks who are keen to engage with the fundamental issues facing their profession in the 21st Century. I would like to extend my thanks to all Board members who have worked with me on the Journal's journey. The new Chair, Major General Mick Ryan, is a great champion of the written word and will continue to strengthen the Journal and encourage debate and discourse around the contemporary challenges for the ADF. I hope you enjoy this issue.

Ian Errington, AM, CSC

Principal

Centre for Defence and Strategic Studies

Chair Australian Defence Force Journal Board





Letters to the editor

The role and function of the ADF and civil police

Captain John Sutton's article in Issue No. 202 raises a number of important issues. One of those is the creeping militarisation of the police in Australia. The change is happening before our eyes—without informed discussion, political debate or public oversight. The police have no incentive to say 'No' to military assault rifles, flash bang grenades or armoured personnel carriers. But do we, as a society, really want to see our police so heavily armed, looking, and sometimes behaving, like an invasion force? Is it necessary or desirable? The more the police are given military-style weaponry, the more likely they are to use it. As the saying goes, 'if all you have is a hammer, everything looks like a nail'.

There is a vital cultural and philosophical difference between the military and the police. The military is trained to use maximum force to kill and destroy the enemy, while the traditional role of the police is to protect the community, serve the public and keep the peace. The warrior culture of the military is, or should be, anathema to the police. The excessive militarisation of the police—through more powerful arms and more sophisticated equipment—inevitably contributes to a mentality among some police officers that encourages them to think of the people they are supposed to serve as enemies. The tactics of the battlefield, and the use of unnecessarily aggressive and high-powered weapons,

should have no place among our police forces. The mission of the police is not to wage war but to protect and safeguard.

There is a body of existing work that establishes that excessive police militarisation is a problem with unforeseen and undesirable consequences. Those consequences include: tragedy for civilians and police officers, escalation of the risk of violence and the undermining of personal rights and freedoms. It is probable that most Australians do not want to see the Americanisation of our police forces. There are legitimate questions as to whether the creeping militarisation of the police in Australia is in the best interests of our nation; and whether an appropriate response to the relatively few genuine domestic terror incidents is best left to the ADF. Those questions deserve responsible public scrutiny. Captain Sutton's article is a valuable step toward such discussion.

The Hon. Justice Michael Pembroke

Judge of the Supreme Court of New South Wales

The role and function of the ADF and civil police

I have just read Captain John Sutton's article, 'The increasing convergence of the role and function of the ADF and civil police', in Issue No. 202 of the *ADF Journal*. Great stuff, in particular, a good effort to link the various reasons we have separation of powers with our current situation.



Despite having worked with State response groups, I really hadn't thought about the strategic ramifications of such TTP [tactics, techniques and procedures] crossover—particularly if Australia found itself in a situation where a State police force, or a State itself, was in deep political conflict with the Commonwealth.

I wonder though about the practical results of his central argument, that is, pushing paramilitary response capabilities back to the ADF. Removing (what I consider to be) the medium-level response capabilities from police and putting them back into the ADF capability spectrum could exacerbate the issue of slow response times. I would contend that his point on page 39 that 'the ADF has a wide range of capabilities that could be deployed rapidly and efficiently to respond to virtually any internal incident' is not quite true under the current arrangements, as significant ADF domestic responses can take hours to mobilise.

Terrorist situations, in particular, are better resolved (with less loss of life and property) the faster the response. Certainly, the terrorist threat environment in Australia is geared toward low-capability attacks involving knives and cars, which may be over in a matter of minutes and potentially contained by police patrols. But we still need the ability to quickly contain and resolve larger and more complex plots, which might involve more sophisticated terrorist weapons and tactics.

It seems to me that we'd need to do some hard thinking on how any such expanded ADF domestic response capability could be postured to ensure rapid response and resolution.

Again, good article!

Captain E, Australian Army

[Editor's note: full name provided but withheld for security reasons]

Health command and technical control

The article by Colonel Reade et al, 'Command versus technical authority: lessons from the 2nd General Health Battalion', in Issue No. 200 of the *ADF Journal* advocated that the command and

control arrangements of the 2nd General Health Battalion should apply elsewhere within the ADF. This would entail health units being commanded by a non-clinical general staff officer, while health technical control would be provided by a medical officer Director of Clinical Services.

While the article contends that these arrangements replicate the management structure of every major Australian civilian hospital since the 1980s, this is not necessarily true for many rural and remote civilian hospitals of comparable size to the 2nd General Health Battalion. Furthermore, it is understood the current arrangements for the 2nd General Health Support Battalion stem from a shortfall in suitable medical officers in the late 2000s, rather than a conscious decision to reflect civilian hospital practice. It is suggested that ex post facto justification should not preclude Army clinical officers with the appropriate abilities and interest from undertaking future command roles.

The article also arguably perpetuates an ADF health care model that prioritises treatment services at the expense of other military health functions. It does not address ongoing management shortcomings, such as the ADF's environmental hazards in its base settings, or assessing medical suitability for employment and deployment, or the ADF's aviation, diving and submarine and medicine services.

Unlike Army, all Navy and RAAF health officers have a clinical background. Even so, many of these officers have successfully performed deployed and non-deployed health command roles over many years. In so doing, they continue to demonstrate the benefits of military health officers not only having consummate clinical expertise but also a comparable understanding of the relevant operational environment. This particularly includes providing clinical advice to operational unit commanders, without filtering through a non-clinical third party.

The article correctly indicates that clinical expertise alone does not translate into the ability to command. Furthermore, many—but not all—clinical officers prefer clinical rather than management roles. Even so, the experience of all three Services validates the contention that it is easier to teach command skills to clinicians, than clinical skills to commanders.

Managing military health services requires a combination of clinical and non-clinical skills which, depending on the size and scope of the health services being provided, may be beyond the capacity of a single individual. If achieving the full range of managerial skill sets requires two people, the nature of military service implies that one will be subordinate to the other.

It is therefore contended that maximum benefits accrue to ADF operational capability, maximum flexibility accrues to career managers, and maximum benefits accrue to individual personal aspirations, if *all* ADF clinical officers have an opportunity to assume command roles, technical control roles or both. If these roles have to be split, selecting who performs which should be based on the best combination of the candidates available. Sometimes, the best health and operational outcomes may be achieved with a clinical commander supported by a non-clinical staff officer; otherwise, vice-versa may apply.

Dr Neil Westphalen

Commander, Royal Australian Navy Reserve

Erratum

In the article by Dr Jim Sheffield and co-authors titled 'Debiasing the military appreciation process', published in Issue No. 202 (July/August 2017), the diagrams on pages 75 and 76 were inadvertently transposed. What appeared as Figure 3 should have been Figure 4 and vice-versa, although the titles were shown correctly. The Editor apologises to the authors. The on-line version has been corrected accordingly.



